

Ronni Charles  
Henderson Memorial Public Library  
54 East Jefferson Street  
Jefferson, OH 44047

Billed Entity Number: 129428  
Form 471 Application Number: 925887  
Form 486 Application Number:



Universal Service Administrative Company  
Schools & Libraries Division

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**Administrator's Decision on Appeal – Funding Year 2013-2014**

October 13, 2015

Ronni Charles  
Henderson Memorial Public Lib  
54 E Jefferson St  
Jefferson, OH 44047-1112

Re: Applicant Name:	HENDERSON MEMORIAL PUBLIC LIB
Billed Entity Number:	129428
Form 471 Application Number:	925887
Funding Request Number(s):	2527646
Decision Letter Date:	December 10, 2014
Date Appeal Postmarked:	August 18, 2015
Your Correspondence Received:	August 18, 2015

Our records show that your appeal was postmarked more than 60 days after the date your FCC Form 472 (BEAR) Notification Letter was issued, as shown above. Federal Communications Commission (FCC) rules require applicants to postmark appeals within 60 days of the date on the decision letter being appealed. FCC rules do not permit the Universal Service Administrative Company (USAC) to consider your appeal.

If you believe there is a basis for further examination of your application, you may file an appeal with the FCC. You should refer to CC Docket No. 02-6 on the first page of your appeal to the FCC. Your appeal must be postmarked within 60 days of the above date on this letter. Failure to meet this requirement will result in automatic dismissal of your appeal. If you are submitting your appeal via United States Postal Service, send to: FCC, Office of the Secretary, 445 12th Street SW, Washington, DC 20554. Further information and options for filing an appeal directly with the FCC can be found under the Reference Area/"Appeals" of the SLD section of the USAC website or by contacting the Client Service Bureau. We strongly recommend that you use the electronic filing options.

Schools and Libraries Division  
Universal Service Administrative Company



**Universal Service Administrative Company**  
Schools & Libraries Division

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**Administrator's Decision on Appeal – Funding Year 2013-2014**

October 13, 2015

Ronni Charles  
Henderson Memorial Public Library  
54 East Jefferson Street  
Jefferson, OH 44047

Re: Applicant Name: HENDERSON MEMORIAL PUBLIC LIB  
Billed Entity Number: 129428  
Form 471 Application Number: 925887  
Funding Request Number(s): 2527787  
Decision Letter Date: December 05, 2014  
Date Appeal Postmarked: August 18, 2015  
Your Correspondence Received: August 18, 2015

Our records show that your appeal was postmarked more than 60 days after the date your FCC Form 472 (BEAR) Notification Letter was issued, as shown above. Federal Communications Commission (FCC) rules require applicants to postmark appeals within 60 days of the date on the decision letter being appealed. FCC rules do not permit the Universal Service Administrative Company (USAC) to consider your appeal.

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Schools and Libraries Division  
Universal Service Administrative Company



Henderson Memorial Public Library  
54 East Jefferson Street  
Jefferson, OH 44047  
(440) 576-3761

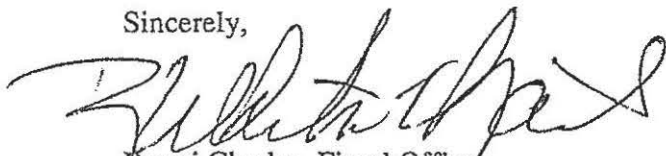
**Schools and Libraries Program Correspondence Unit**  
**Letter of Appeal**  
**30 Lanidex Plaza West**  
**PO Box 685**  
**Parsippany, NJ 07054-0685**

**Re: BEAR Form 472, BEN 129468, Henderson Memorial Public Library, Form 471  
App. No. 925887, Funding Request Nos. 2527646 & 2527787**

I am writing to request your reconsideration for payment of our Form 472 for telephone services from January 1, 2014 - June 30, 2014, for the following reasons:

- 1) Our former Fiscal Officer, Lynn Peskora, retired in November, 2014, along with two other key employees out of a total staff of 7 FTE's, so this was a disruptive time for our small library, as were several months before and after.
- 2) The former fiscal officer mistakenly believed she had 180 days to submit the form, not 120 days.
- 3) She feels really bad that her mistake could cost the library this reimbursement of approximately \$700. It was not intentional. She found it difficult to get everything done that she had to do before leaving after 18 years on the job.
- 4) She was not permitted, by rules of the Ohio Public Employees Retirement System, to return to work in any manner including volunteering, for sixty days following retirement, so we did not know to address this matter in December, when your denial letter first arrived.
- 5) In addition to the normal learning curve of my new position, I was also faced with all of the library's year-end financial reporting and deadlines. The e-rate process was totally unfamiliar to me, so I was not aware of the significance of the December letter.
- 6) Lynn Peskora is volunteering her time to help me with the current year's application process. Together, we would appreciate it very much if you could consider the challenges we had getting ready for a 1/3 turnover of our small library staff, and reimburse Henderson Memorial Public Library for these few hundred dollars.


Sincerely,



Ronni Charles, Fiscal Officer  
ronni.charles@hmpl.info

Appeal

Delete Reply Reply all Forward

 AP Appeals <appeals@sl.universalservice.org>  
Tue 8/18/2015 11:41 AM

Mark as unread

To: Ronni Charles;

Thank you for submitting your correspondence by e-mail to the Schools & Libraries Division (SLD) of the Universal Service Administrative Company.  
This message serves as a receipt confirmation of your submission.

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**Confidentiality Notice:** The information in this e-mail and any attachments thereto is intended for the named recipient(s) only. This e-mail, including any attachments, may contain information that is privileged and confidential and subject to legal restrictions and penalties regarding its unauthorized disclosure or other use. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or the taking of any action or inaction in reliance on the contents of this e-mail and any of its attachments is **STRICTLY PROHIBITED**. If you have received this e-mail in error, please immediately notify the sender via return e-mail; delete this e-mail and all attachments from your e-mail system and your computer system and network; and destroy any paper copies you may have in your possession. Thank you for your cooperation.

NOTICE: This e-mail message and all attachments transmitted with it are intended solely for the use of the addressees and may contain legally privileged, protected or confidential information. If you have received this message in error, and/or you are not the intended recipient, please notify the sender immediately by e-mail reply and please delete this message from your computer and destroy any copies. Any unauthorized use, reproduction, forwarding, distribution, or other dissemination of this transmission is strictly prohibited and may be unlawful.



SLD Inquiry #: 22-739855 Received

Delete Reply Reply all Forward

SL

sldnoreply@sl.universalservice.org

Thu 3/26/2015 12:48 PM

Mark as unread

To: Ronni Charles;

Thank you for using Submit a Question. This message serves as a receipt confirmation of your submission.

The case number for your submission is 22-739855.

Please refer to this case number in subsequent contacts regarding this issue. Note that we may need to ask you for additional information to completely answer your question or fulfill your request.

If you still have questions about this issue after you review our response, please call us at 1-888-203-8100. Please do not reply to this message or to our response, as replies go to an unattended mailbox.

If you have a new question or issue, please submit another question and we will create a new case number to address it.

If you need program information, you can visit the SLD web site at [www.usac.org/sl](http://www.usac.org/sl).

Thank you.

Following is the information you submitted:

[FirstName]=Ronni [LastName]=Charles [JobTitle]=Fiscal Officer [EmailAddress]=ronni.charles@hmpl.info [WorkPhone]=4405763761 [FaxPhone]=4405768402 [PreviousCaseNumber]=0 [FormType]=Invoice Extension [Owner]=DEADLINEEXTENSIONS [DateSubmitted]=3/26/2015 12:03:48 PM [AttachmentFlag]=N[Question2]=Re: BEAR Form 472, BEN 129468, Henderson Memorial Public Library, Form 471 App. No. 925887, Funding Request Nos. 2527646 & 2527787, Invoice Nos. 2116339 & 2116343 I am writing to request your reconsideration for payment of our Form 472 for telephone services from January 1, 2014 - June 30, 2014, for the following reasons: 1) Our former Fiscal Officer, Lynn Peskora, retired in November, 2014, along with two other key employees out of a total staff of 7 FTE's, so this was a disruptive time for our small library, as were several months before and after. 2) The former fiscal officer mistakenly believed she had 180 days to submit the form, not 120 days. 3) She feels really bad that her mistake could cost the library this reimbursement of approximately \$700. It was not intentional. She found it difficult to get everything done that she had to do before leaving after 18 years on the job. 4) She was not permitted, by rules of the Ohio Public Employees Retirement System, to return to work in any manner including volunteering, for sixty days following retirement, so we did not know to address this matter in December, when your denial letter first arrived. 5) In addition to the normal learning curve of my new

*position, I was also faced with all of the library's year-end financial reporting and deadlines. The e-rate process was totally unfamiliar to me, so I was not aware of the significance of the December letter. 6) Lynn Peskora is volunteering her time to help me with the current year's application process. Together, we would appreciate it very much if you could consider the challenges we had getting ready for a 1/3 turnover of our small library staff, and reimburse Henderson Memorial Public Library for these few hundred dollars. Sincerely, Ronni Charles, Fiscal Officer*

NOTICE: This e-mail message and all attachments transmitted with it are intended solely for the use of the addressees and may contain legally privileged, protected or confidential information. If you have received this message in error, and/or you are not the intended recipient, please notify the sender immediately by e-mail reply and please delete this message from your computer and destroy any copies. Any unauthorized use, reproduction, forwarding, distribution, or other dissemination of this transmission is strictly prohibited and may be unlawful.



# USAC

Universal Service Administrative Company  
Schools and Libraries Division  
Correspondence Unit  
30 Lanidex Plaza West  
PO Box 685  
Parsippany, NJ 07054-0685



## TIME SENSITIVE MATERIAL

00229  
Lynn C Peskoran  
HENDERSON MEMORIAL PUBLIC LIB  
54 E JEFFERSON ST  
JEFFERSON, OH 44047





Universal Service Administrative Company

Schools and Libraries Division

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Form 472 (BEAR) Notification Letter

December 10, 2014

Katie Bostick  
CenturyLink United Telephone Co. of Ohio FKA Embarq  
100 CenturyLink Drive  
3N  
Monroe, LA 71203

Re: Invoice Number - as assigned by USAC: 2116343  
Service Provider Identification Number: 143001680  
Reimbursement Form Number: 1314F472D  
Billed Entity Number: 129428

Lynn C Peskoran  
HENDERSON MEMORIAL PUBLIC LIB  
54 E JEFFERSON ST  
JEFFERSON, OH 44047

Preferred Mode of Contact: E-mail at [peskorly@oplin.org](mailto:peskorly@oplin.org)  
Total Amount of Reimbursement Approved for Payment: \$0.00

This letter is your notification that the Schools and Libraries Division (SLD) of the Universal Service Administrative Company (USAC) has processed an FCC Form 472, "Billed Entity Applicant Reimbursement (BEAR)" Form from the above named applicant listing you as the service provider. USAC has committed to reimburse the discounted portion of the cost of eligible services provided to eligible entities pursuant to one or more FCC Forms 471, "Description of Services Ordered and Certification Form".

In certain instances, a line may not have been paid. Review the BEAR Letter Applicant Reimbursement Report (Report) following this letter for the reason(s) this may have occurred. For more information about lines that have not been paid, see the explanation of Invoice Error Codes in Step 9 on our website. Work with the applicant (your customer) to correct any errors. Once corrected, your customer may submit a new BEAR to request reimbursement for any unpaid lines.

We recommend using the BEAR Online tool from the Apply Online area or Required Forms section of our website for additional submissions. If a new BEAR cannot be submitted before the invoice deadline passes, you or your customer may submit a request for a deadline extension. (See "Invoice Deadlines and Extension Requests" posted in the SLD section of our website for more information.)

Pursuant to the Federal Communication Commission's (FCC) Second Report and Order and Further Notice of Proposed Rulemaking (FCC 03-101, released April 29, 2003), you must remit the amount shown as "Total Amount of Reimbursement Approved for Payment" above to your customer no later than 20 days after receipt of payment of the approved discounts from USAC. You also agreed not to tender or make use of the payment of the approved discounts issued by USAC to you prior to remitting the discount to your customer (See BEAR Form, Block 4, Service Provider Acknowledgment).

The USAC check should be mailed to the service provider named above within 20 days of the date of this letter.

The maximum remaining amount available for each Funding Request Number (FRN) listed on the Report will be the original commitment less the amount approved herein for reimbursement and less any earlier disbursements to your customer.

PLEASE NOTE: The type of invoice form (BEAR or SPI) for the funding year is established by the receipt and approval of the first invoice submitted for the FRN for the funding year. For example, if we successfully process a BEAR for an FRN, we will not approve a SPI for that same FRN at a later time.

Please see the Guide to Letter Reports posted on our website for an explanation of the items listed in the attached Report.

COMPLETE PROGRAM INFORMATION is posted on our website. You may also contact our Client Service Bureau using the "Submit a Question" link on our website, toll-free by fax at 1-888-276-8736 or toll-free by phone at 1-888-203-8100.

Schools and Libraries Division  
Universal Service Administrative Company

CC: HENDERSON MEMORIAL PUBLIC LIB

BEAR NOTIFICATION LETTER APPLICANT REIMBURSEMENT REPORT



Form 471 Application Number: 925887  
Funding Request Number: 2527646  
Funding Year 2013: 07/01/2013 - 06/30/2014  
Contract Number: T  
Funding Commitment Decision: \$1224.00  
Reimbursement Amount for this FRN: \$0.00  
Reimbursement Request Decision Explanation:  
Invoice Received Date [12/02/2014] Later Than;

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Form 471 Application Number: 925887  
Funding Request Number: 2527646  
Funding Year 2013: 07/01/2013 - 06/30/2014  
Contract Number: T  
Funding Commitment Decision: \$1224.00  
Reimbursement Amount for this FRN: \$0.00  
Reimbursement Request Decision Explanation:  
Invoice Received Date [12/02/2014] Later Than;

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Form 471 Application Number: 925887  
Funding Request Number: 2527646  
Funding Year 2013: 07/01/2013 - 06/30/2014  
Contract Number: T  
Funding Commitment Decision: \$1224.00  
Reimbursement Amount for this FRN: \$0.00  
Reimbursement Request Decision Explanation:  
Invoice Received Date [12/02/2014] Later Than;

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Form 471 Application Number: 925887  
Funding Request Number: 2527646  
Funding Year 2013: 07/01/2013 - 06/30/2014  
Contract Number: T  
Funding Commitment Decision: \$1224.00  
Reimbursement Amount for this FRN: \$0.00  
Reimbursement Request Decision Explanation:  
Invoice Received Date [12/02/2014] Later Than;

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Form 471 Application Number: 925887  
Funding Request Number: 2527646  
Funding Year 2013: 07/01/2013 - 06/30/2014  
Contract Number: T  
Funding Commitment Decision: \$1224.00  
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Reimbursement Request Decision Explanation:  
Invoice Received Date [12/02/2014] Later Than;

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BEAR NOTIFICATION LETTER APPLICANT REIMBURSEMENT REPORT

Form 471 Application Number: 925887  
Funding Request Number: 2527646  
Funding Year 2013: 07/01/2013 - 06/30/2014  
Contract Number: T  
Funding Commitment Decision: \$1224.00  
Reimbursement Amount for this ERN: \$0.00  
Reimbursement Request Decision Explanation:  
Invoice Received Date [12/02/2014] Later Than;

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## Universal Service for Schools and Libraries

Please read instructions before completing.

(To be completed by schools, libraries, or consortia.)

### BILLED ENTITY APPLICANT REIMBURSEMENT FORM

For reimbursement of discounts on approved services already paid for by the Billed Entity Applicant.

Only one Service Provider Identification Number (SPIN) per form.

Must be completed and signed by the Billed Entity Applicant and signed by the relevant service provider.

Persons willfully making false statements on this form can be punished by fine or forfeiture, under the Communications Act, 47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.

#### FOCC NOTICE FOR INDIVIDUALS REQUIRED BY THE PRIVACY ACT AND THE PAPERWORK REDUCTION ACT

Part 54 of the Commission's Rules authorizes the FCC to collect the information on this form. Failure to provide all requested information will delay the processing of the application or result in the application being returned without action. Information requested on this form will be available for public inspection. Your response is required to obtain the requested authorization.

The public reporting for this collection of information is estimated to range from 1 to 2 hours per response, including the time for viewing instructions, searching existing data sources, gathering and maintaining the required data, and completing and reviewing the collection of information. If you have any comments on this burden estimate, or how we can improve the collection and reduce the burden it causes you, please write to the Federal Communications Commission, AMD-PER, Paperwork Reduction Act Project (3060-0856), Washington, DC 20554. We will also accept your comments regarding the Paperwork Reduction Act aspects of this collection via the Internet if you send them to PRA@fcc.gov. PLEASE DO NOT SEND YOUR RESPONSE TO THIS FORM TO THIS ADDRESS.

Remember - You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number or if we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-0856.

THE FOREGOING NOTICE IS REQUIRED BY THE PRIVACY ACT OF 1974, PUBLIC LAW 93-579, DECEMBER 31, 1974, 5 U.S.C. 552a(e)(3) AND THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

Applicant Form Identifier (Create an identifier for your own reference)  
314F472D

FCC Form 472 Invoice #  
(To be inserted by administrator) 2116343

#### BLOCK 1: HEADER INFORMATION

Billed Entity Name	HENDERSON MEMORIAL PUBLIC LIB
Billed Entity Number	129428
Service Provider Identification Number (SPIN)	143001680
Contact Name	LYNN C. PESKORAN
Contact Telephone Number	440- 5763761 ext
Total Reimbursement Amount (total from Block 2, Column 14)	\$623.98



### Billed Entity Applicant Reimbursement Form

For reimbursement of discounts on approved services already paid for by the Billed Entity Applicant.

Billed Entity Name HENDERSON MEMORIAL PUBLIC LIB Billed Entity Number 129428  
 Contact Name LYNN C. PESKORAN Contact Telephone Number 440-5763761  
 Applicant Form Identifier 1314F472D

#### BLOCK 2: LINE ITEM INFORMATION PER FUNDING REQUEST NUMBER

(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
FCC Form 471 Application Number (from Funding Commitment Decision Letter)	Funding Request Number (FRN) (from Funding Commitment Decision Letter)	Bill Frequency	Customer Billed Date (mm/yyyy)	Shipping Date to Customer or Last Day of Work Performed (mm/dd/yyyy)	Total (Undiscounted) Amount for Service	Discount Rate	Amount Billed to USAC (Column 12 multiplied by Column 13)
		DO NOT WRITE IN THIS COLUMN.	For each FRN, complete either Column (10) or Column (11), but not both Columns				
925887	2527646		5/16/2014		\$173.34	60.00	\$104.00
925887	2527646		3/16/2014		\$173.28	60.00	\$103.97
925887	2527646		6/16/2014		\$173.34	60.00	\$104.00
925887	2527646		4/16/2014		\$173.37	60.00	\$104.02
925887	2527646		1/16/2014		\$173.37	60.00	\$104.02
925887	2527646		2/16/2014		\$173.28	60.00	\$103.97
0							
1							
2							
3							
4							
TOTAL REIMBURSEMENT AMOUNT TO BE ENTERED INTO ITEM (6)							\$623.98

# BILLED ENTITY APPLICANT Reimbursement Form

Billed Entity Name HENDERSON MEMORIAL PUBLIC LIB

Billed Entity Number 129428

Contact Name LYNN C. PESKORAN

Applicant Form Identifier 1314F472D

## Block 3: Billed Entity Certification

I declare under penalty of perjury that the foregoing is true and correct and that I am authorized to submit this Billed Entity Applicant Reimbursement Form on behalf of the eligible schools, libraries, or consortia of those entities represented on this Form, and I certify to the best of my knowledge, information and belief, as follows:

- A. The discount amounts listed in Column (14) of this Billed Entity Applicant Reimbursement Form represent charges for eligible services delivered to and used by eligible schools, libraries, or consortia of those entities for educational purposes, on or after the service start date reported on the associated Form 486.
- B. The discount amounts listed in Column (14) of this Billed Entity Applicant Reimbursement Form were already billed by the service provider and paid by the Billed Entity Applicant on behalf of eligible schools, libraries, and consortia of those entities.
- C. The discount amounts listed in Column (14) of this Billed Entity Applicant Reimbursement Form are for eligible services approved by the fund administrator pursuant to a Form 471 Funding Commitment Decision Letter.
- D. I recognize that I may be audited pursuant to this application and will retain for five years any and all records that I rely upon to fill in this form.
- E. I certify that, in addition to the foregoing, this Billed Entity Applicant is in compliance with the rules and orders governing the schools and libraries universal service support program, and I acknowledge that failure to be in compliance and remain in compliance with those rules and orders may result in the denial of discount funding and/or cancellation of funding commitments. I acknowledge that failure to comply with the rules and orders governing the schools and libraries universal service support program could result in civil or criminal prosecution by law enforcement authorities.

5. Signature of authorized person <b>Signed electronically by LYNN C. CRANE</b>	16. Date <b>11/25/2014</b>
7. Printed name of authorized person <b>LYNN C. CRANE</b>	
8. Title or position of authorized person <b>CLERK-TREASURER</b>	
9. Telephone number of authorized person <b>440- 5763761</b>	
10. Address of authorized person <b>54 E. JEFFERSON ST., JEFFERSON OH 44047</b>	



# BILLED ENTITY APPLICANT Reimbursement Form

Billed Entity Name HENDERSON MEMORIAL PUBLIC LIB

Billed Entity Number 129428

Contact Name LYNN C. PESKORAN

Applicant Form Identifier 1314F472D

## Block 4: Service Provider Acknowledgment

I declare under penalty of perjury that the foregoing is true and correct and that I am authorized to submit this Service Provider Acknowledgment for this Billed Entity Applicant Reimbursement Form, and acknowledge to the best of my knowledge, information and belief, as follows:

- A. The service provider must remit the discount amount authorized by the fund administrator to the Billed Entity Applicant who prepared and submitted this Billed Entity Applicant Reimbursement Form as soon as possible after the fund administrator's notification to the service provider of the amount of the approved discounts on this Billed Entity Applicant Reimbursement Form, but in no event later than 20 business days after receipt of the reimbursement payment from the fund administrator, subject to the restriction set forth in B. below.
- B. The service provider must remit payment of the approved discount amount to the Billed Entity Applicant prior to tendering or making use of the payment issued by the Universal Service Administrative Company to the service provider of the approved discounts for the Billed Entity Applicant Reimbursement Form.
- C. I certify that, in addition to the foregoing, this Service Provider is in compliance with the rules and orders governing the schools and libraries universal service support program, and I acknowledge that failure to be in compliance and remain in compliance with those rules and orders may result in the denial of discount funding and/or cancellation of funding commitments. I acknowledge that failure to comply with the rules and orders governing the schools and libraries universal service support program could result in civil or criminal prosecution by law enforcement authorities.

1. Signature of authorized person (fax, copy or original signature)	22. Date
3. Printed name of authorized person	
4. Title or position of authorized person	
5. Telephone number of authorized person -	
6. Address of authorized person	

### Applicant Remittance Information

Name **Lynn C Peskoran**

Title **Fiscal Officer**

Street Address

**1 E Jefferson St**

**Hofferson, OH 44047**



A paper copy of this Form (pages 1-4) should be mailed to:

SLD BEAR FCC Form 472  
P.O. Box 7026  
Lawrence, KS 66044-7026

If sent by express delivery services or U.S. Postal Service, Return Receipt Requested, the form (pages 1-4) should be mailed to:

SLD Forms  
ATTN: SLD BEAR FCC Form 472  
3833 Greenway Drive  
Lawrence, KS 66046  
Phone: 1-888-203-8100



# USAC

Universal Service Administrative Company  
Schools and Libraries Division  
Correspondence Unit  
30 Lanidex Plaza West  
PO Box 685  
Parsippany, NJ 07054-0685



## TIME SENSITIVE MATERIAL

00397  
Lynn C Peskoran  
HENDERSON MEMORIAL PUBLIC LIB  
54 E JEFFERSON ST  
JEFFERSON, OH 44047



Universal Service Administrative Company

Schools and Libraries Division

Form 472 (BEAR) Notification Letter

December 5, 2014

Kathy Civarra  
CenturyLink Qwest Communications Company, LLC  
C/O Qwest USF ERATE Team  
1600 7th Ave., Room 508  
Seattle, WA 98191

Re: Invoice Number - as assigned by USAC: 2116339  
Service Provider Identification Number: 143001157  
Reimbursement Form Number: 1314E472C  
Billed Entity Number: 129428

Lynn C Peskoran  
HENDERSON MEMORIAL PUBLIC LIB  
54 E JEFFERSON ST  
JEFFERSON, OH 44047

Preferred Mode of Contact: E-mail at [peskorly@oplin.org](mailto:peskorly@oplin.org)  
Total Amount of Reimbursement Approved for Payment: \$0.00

This letter is your notification that the Schools and Libraries Division (SLD) of the Universal Service Administrative Company (USAC) has processed an FCC Form 472, "Billed Entity Applicant Reimbursement (BEAR)" Form from the above named applicant listing you as the service provider. USAC has committed to reimburse the discounted portion of the cost of eligible services provided to eligible entities pursuant to one or more FCC Forms 471, "Description of Services Ordered and Certification Form".

In certain instances, a line may not have been paid. Review the BEAR Letter Applicant Reimbursement Report (Report) following this letter for the reason(s) this may have occurred. For more information about lines that have not been paid, see the explanation of Invoice Error Codes in Step 9 on our website. Work with the applicant (your customer) to correct any errors. Once corrected, your customer may submit a new BEAR to request reimbursement for any unpaid lines.

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Please see the Guide to Letter Reports posted on our website for an explanation of the items listed in the attached Report.

COMPLETE PROGRAM INFORMATION is posted on our website. You may also contact our Client Service Bureau using the "Submit a Question" link on our website, toll-free by fax at 1-888-276-8736 or toll-free by phone at 1-888-203-8100.

Schools and Libraries Division  
Universal Service Administrative Company

CC: HENDERSON MEMORIAL PUBLIC LIB



BEAR NOTIFICATION LETTER APPLICANT REIMBURSEMENT REPORT



Form 471 Application Number: 925887  
Funding Request Number: 2527787  
Funding Year 2013: 07/01/2013 - 06/30/2014  
Contract Number: T  
Funding Commitment Decision: \$72.00  
Reimbursement Amount for this ERN: \$0.00  
Reimbursement Request Decision Explanation:  
Invoice Received Date [11/26/2014] Later Than;

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Form 471 Application Number: 925887  
Funding Request Number: 2527787  
Funding Year 2013: 07/01/2013 - 06/30/2014  
Contract Number: T  
Funding Commitment Decision: \$72.00  
Reimbursement Amount for this ERN: \$0.00  
Reimbursement Request Decision Explanation:  
Invoice Received Date [11/26/2014] Later Than;

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Form 471 Application Number: 925887  
Funding Request Number: 2527787  
Funding Year 2013: 07/01/2013 - 06/30/2014  
Contract Number: T  
Funding Commitment Decision: \$72.00  
Reimbursement Amount for this ERN: \$0.00  
Reimbursement Request Decision Explanation:  
Invoice Received Date [11/26/2014] Later Than;

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Funding Commitment Decision: \$72.00  
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Invoice Received Date [11/26/2014] Later Than;

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BEAR NOTIFICATION LETTER APPLICANT REIMBURSEMENT REPORT

Form 471 Application Number: 925887  
Funding Request Number: 2527787  
Funding Year 2013: 07/01/2013 - 06/30/2014  
Contract Number: T  
Funding Commitment Decision: \$72.00  
Reimbursement Amount for this FRN: \$0.00  
Reimbursement Request Decision Explanation:  
Invoice Received Date [11/26/2014] Later Than;

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## Universal Service for Schools and Libraries

Please read instructions before completing.

(To be completed by schools, libraries, consortia)

### BILLED ENTITY APPLICANT REIMBURSEMENT FORM

For reimbursement of discounts on approved services already paid for by the Billed Entity Applicant.

Only one Service Provider Identification Number (SPIN) per form.

Must be completed and signed by the Billed Entity Applicant and signed by the relevant service provider.

Persons willfully making false statements on this form can be punished by fine or forfeiture, under the Communications Act, 7 U.S.C. Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.

#### CC NOTICE FOR INDIVIDUALS REQUIRED BY THE PRIVACY ACT AND THE PAPERWORK REDUCTION ACT

Part 54 of the Commission's Rules authorizes the FCC to collect the information on this form. Failure to provide all requested information will delay the processing of the application or result in the application being returned without action. Information requested on this form will be available for public inspection. Your response is required to obtain the requested authorization.

The public reporting for this collection of information is estimated to range from 1 to 2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the required data, and completing and reviewing the collection of information. If you have any comments on this burden estimate, or how we can improve the collection and reduce the burden it causes you, please write to the Federal Communications Commission, AMD-PER, Paperwork Reduction Act Project (3060-0856), Washington, DC 20554. We will also accept your comments regarding the Paperwork Reduction Act aspects of this collection via the Internet if you send them to PRA@fcc.gov. PLEASE DO NOT SEND YOUR RESPONSE TO THIS FORM TO THIS ADDRESS.

Remember - You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number or if we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-0856.

THE FOREGOING NOTICE IS REQUIRED BY THE PRIVACY ACT OF 1974, PUBLIC LAW 93-579, DECEMBER 31, 1974, 5 U.S.C. § 552a(e)(3) AND THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

Applicant Form Identifier (Create an identifier for your own reference)  
314F472C

FCC Form 472 Invoice #  
(To be inserted by administrator) 2116339

#### BLOCK 1: HEADER INFORMATION

Billed Entity Name	HENDERSON MEMORIAL PUBLIC LIB
Billed Entity Number	129428
Service Provider Identification Number (SPIN)	143001157
Contact Name	LYNN C. PESKORAN
Contact Telephone Number	440- 5763761 ext
Total Reimbursement Amount (total from Block 2, Column 14)	\$19.26





## Billed Entity Applicant Reimbursement Form

For reimbursement of discounts on approved services already paid for by the Billed Entity Applicant.

Billed Entity Name HENDERSON MEMORIAL PUBLIC LIB Billed Entity Number 129428  
Contact Name LYNN C. PESKORAN Contact Telephone Number 440-5763761  
Applicant Form Identifier 1314F472C

### BLOCK 2: LINE ITEM INFORMATION PER FUNDING REQUEST NUMBER

(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
FCC Form 471 Application Number (from Funding Commitment Decision Letter)	Funding Request Number (FRN) (from Funding Commitment Decision Letter)	Bill Frequency	Customer Billed Date (mm/yyyy)	Shipping Date to Customer or Last Day of Work Performed (mm/dd/yyyy)	Total (Undiscounted) Amount for Service	Discount Rate	Amount Billed to USAC (Column 12 multiplied by Column 13)
		DO NOT WRITE IN THIS COLUMN.	For each FRN, complete either Column (10) or Column (11), but not both Columns				
925887	2527787		1/31/2014		\$3.58	60.00	\$2.15
925887	2527787		3/31/2014		\$6.12	60.00	\$3.67
925887	2527787		5/31/2014		\$5.73	60.00	\$3.44
925887	2527787		6/30/2014		\$5.39	60.00	\$3.23
925887	2527787		2/28/2014		\$5.55	60.00	\$3.33
925887	2527787		4/30/2014		\$5.74	60.00	\$3.44
0							
1							
2							
3							
4							

TOTAL REIMBURSEMENT AMOUNT TO BE ENTERED INTO ITEM (6)		\$19.26
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# BILLED ENTITY APPLICANT Reimbursement Form

Billed Entity Name HENDERSON MEMORIAL PUBLIC LIB

Billed Entity Number 129428

Contact Name LYNN C. PESKORAN

Applicant Form Identifier 1314F472C

## Block 3: Billed Entity Certification

I declare under penalty of perjury that the foregoing is true and correct and that I am authorized to submit this Billed Entity Applicant Reimbursement Form on behalf of the eligible schools, libraries, or consortia of those entities represented on this Form, and I certify to the best of my knowledge, information and belief, as follows:

- The discount amounts listed in Column (14) of this Billed Entity Applicant Reimbursement Form represent charges for eligible services delivered to and used by eligible schools, libraries, or consortia of those entities for educational purposes, on or after the service start date reported on the associated Form 486.
- The discount amounts listed in Column (14) of this Billed Entity Applicant Reimbursement Form were already billed by the service provider and paid by the Billed Entity Applicant on behalf of eligible schools, libraries, and consortia of those entities.
- The discount amounts listed in Column (14) of this Billed Entity Applicant Reimbursement Form are for eligible services approved by the fund administrator pursuant to a Form 471 Funding Commitment Decision Letter.
- I recognize that I may be audited pursuant to this application and will retain for five years any and all records that I rely upon to fill in this form.
- I certify that, in addition to the foregoing, this Billed Entity Applicant is in compliance with the rules and orders governing the schools and libraries universal service support program, and I acknowledge that failure to be in compliance and remain in compliance with those rules and orders may result in the denial of discount funding and/or cancellation of funding commitments. I acknowledge that failure to comply with the rules and orders governing the schools and libraries universal service support program could result in civil or criminal prosecution by law enforcement authorities.

5. Signature of authorized person **Signed electronically by LYNN C. CRANE** 16. Date **11/25/2014**

7. Printed name of authorized person **LYNN C. CRANE**

8. Title or position of authorized person **CLERK-TREASURER**

9. Telephone number of authorized person **440- 5763761**

0. Address of authorized person **54 E. JEFFERSON ST., JEFFERSON OH 44047**



# BILLED ENTITY APPLICANT Reimbursement Form

Billed Entity Name HENDERSON MEMORIAL PUBLIC LIB

Billed Entity Number 129428

Contact Name LYNN C. PESKORAN

Applicant Form Identifier 1314F472C

## Block 4: Service Provider Acknowledgment

I declare under penalty of perjury that the foregoing is true and correct and that I am authorized to submit this Service Provider Acknowledgment for this Billed Entity Applicant Reimbursement Form, and acknowledge to the best of my knowledge, information and belief, as follows:

- A. The service provider must remit the discount amount authorized by the fund administrator to the Billed Entity Applicant who prepared and submitted this Billed Entity Applicant Reimbursement Form as soon as possible after the fund administrator's notification to the service provider of the amount of the approved discounts on this Billed Entity Applicant Reimbursement Form, but in no event later than 20 business days after receipt of the reimbursement payment from the fund administrator, subject to the restriction set forth in B. below.
- B. The service provider must remit payment of the approved discount amount to the Billed Entity Applicant prior to tendering or making use of the payment issued by the Universal Service Administrative Company to the service provider of the approved discounts for the Billed Entity Applicant Reimbursement Form.
- C. I certify that, in addition to the foregoing, this Service Provider is in compliance with the rules and orders governing the schools and libraries universal service support program, and I acknowledge that failure to be in compliance and remain in compliance with those rules and orders may result in the denial of discount funding and/or cancellation of funding commitments. I acknowledge that failure to comply with the rules and orders governing the schools and libraries universal service support program could result in civil or criminal prosecution by law enforcement authorities.

1. Signature of authorized person (fax, copy or original signature)	22. Date
3. Printed name of authorized person	
4. Title or position of authorized person	
5. Telephone number of authorized person -	
6. Address of authorized person	

### Applicant Remittance Information

Name **Lynn C Peskoran**

Title **Fiscal Officer**

Street Address

**E Jefferson St**

**Jefferson, OH 44047**



paper copy of this Form (pages 1-4) should be mailed to:

SLD BEAR FCC Form 472  
P.O. Box 7026  
Lawrence, KS 66044-7026

sent by express delivery services or U.S. Postal Service, Return Receipt Requested, the form (pages 1-4) should be mailed to:

SLD Forms  
ATTN: SLD BEAR FCC Form 472  
3833 Greenway Drive  
Lawrence, KS 66046  
Phone: 1-888-203-8100